

## BACKGROUND INFORMATION:

Representativ	re Name:				
Phone #:		Ema	Email:		
Address:	City/State/Zip:				
<b>Business Nam</b>	e:				
Phone:			Email:		
Address:		City	/State/Zip:		
Owner Name: Phone:		Eme	.:1.		
Address:		Email: City/State/Zip:			
PROGRAM PI					
Program Title: PROGRAM D	ETAILS: Please attach additional pages				
	<b>Program Description:</b> Please provide a brief description to be used in marketing, along with the benefits of participation in your program				
	<b>Program Outline:</b> Please provide an outline or lesson plan of a typical program session that gives specific details of activities planned and skills targeted				
AGE OF PART	TICIPANTS: Please check all that apply				
	Ages 18 months- 5 years		Youth ages 6-12 years		
	Teens ages 13-19 years		Adults ages 20-55 years		
	Adults ages 55+ years				
NUMBER OF	STUDENTS PER CLASS:				
Minimum:	Maximum:				
FACILITY: Pl	ease check all facilities that your program o	could be h	neld in		
Program will o	ccur at a City facility:				
	TrailHead Golf Course Lower Level		Pavillion Park or pavilion		
	"Little House" west of City Hall		City Hall Council Chambers		
Program will o	ccur at a non-City location:				
Facility name:	Facility address:				

SCHEDULE:			
Proposed program dat	es: through		
Proposed day(s) of we	ek:		
Start time:	End time:		
COSTS:			
What is your cost <b>per</b>	student (including materials, instru	actor fees, etc.)?:	
INSTRUCTOR QUA	OR QUALIFICATIONS:		
Please list your exponential e	erience with this activity both to	eaching and participating	(please include copies of any
	criminal background check will lase initial	be performed prior to con	nmencement of any approved
Instructor Signature:		Date:	
	Offici	al Use Only	
Coordinator:		Date:	
☐ Received	copy of Driver's License		
☐ Received	complete W-9 Form		
□ Contract	approved by City Council		
□ Contract	approved by City Council		
	sioned by all parties		

Form updated 10/12/2007 MW